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BOROUGH OF LYDD (KENT)

ANNUAL REPORTS OF THE MEDICAL OFFICER OF HEALTH AND SANITARY INSPECTOR
FOR THE YEAR 1949.

Mr, Mayor, Aldermen and Councillors,

I have the honour to present to you my first annual report for the year ending 31st December, 1949.

The Registrar-General has estimated that the civilian population was 2,403 at mid-1949. The number of live births was 56, and the birth-rate was 23.30 per 1,000 of the estimated resident population. Compared with the birth-rate for England and Wales, viz. 16.7, this rate is quite high. In the decade 1901 - 1910, the birth-rate in England and Wales was 27.2., and since then there has been a progressive decline until in 1942 it had fallen to 14.2. In the post-war years, however, it began to rise again until in the year 1947 it was 20.5 since when it has again declined to 16.7 in 1949. A similar trend occurred in Lydd when in 1947 the rate rose to 24.52 and in 1948 to 20.9. These high rates in Lydd are indicative of a vigorous community, and when regarded in relation to the low death-rate amongst infants under one year of age, viz. 17.8 per 1,000 live births, is very gratifying. The actual number of deaths in infants under one year of age was one, and this was due to prematurity which generally is the chief cause of deaths in infants. This low infantile mortality rate, which could only have been lower if there had been no deaths, is a tribute to all those engaged in child care, namely, Medical Practitioners, Midwives, Maternity Nurses and Health Visitors, and also to the work of the County Council Child Welfare Centre in Lydd, where the Health Visitor is ably assisted by voluntary workers. The premises in which the Child Welfare Clinic is held are not ideal if regarded from the highest standards, but endeavours to find alternative accommodation have failed. However, recent repairs have rendered the premises more habitable and as the Clinic does not need to be held more than once per week in the afternoon and a new Clinic was opened in the Army Camp which has relieved the congestion that was unavoidable, the Centre may now be regarded as being fairly satisfactory.

The number of still-births was 2, giving a rate of 34.5 per 1,000 total live births. There is ample evidence that this rate can be kept low and within unavoidable limits, only by thorough ante-natal and obstetric care.

There were, however, no deaths amongst mothers due to Puerperal Sepsis or other Maternal causes which is pleasing to record and indicative of the care of all those engaged in the Midwifery Services.

The crude death-rate amongst the total population was 13.28 which when adjusted by the Registrar-General's Comparability Factor (0.84), which is calculated for the purpose of securing comparability between local death-rates, was 11.15, and compares favourably with the rate for England and Wales, viz. 11.7. As Lydd is undoubtedly a healthy District, there is probably a larger number of aged people than in larger industrial districts.

Regarding the causes of deaths, the major cause as expected was due to Heart Diseases and Intracranial vascular lesions (see table) as for the whole of England and Wales. The number of these deaths is increasing throughout the country. It is probable that a number of heart diseases, such as neuro-circulatory asthenia, essential hypertension, effort syndrome, and possibly coronary thrombosis and angina pectoris are psychosomatic which may be defined as 'the role played by the mind in physical disease', as for example during prolonged mental stress and anxiety.

The second chief cause of deaths was, as expected, Cancer. These deaths occur mostly in later life and early diagnosis is essential for successful treatment.

It is noteworthy that there were no deaths from Tuberculosis of the lungs or of other forms but there are however at present only four cases on the Register and these are all respiratory. In other words 1.06 persons per 1,000 population only are affected.

There were also no deaths from Infectious Disease. 70 cases of Measles were notified. This disease is highly infectious before the rash appears and as the catarrhal phase closely resembles and is usually mistaken for the common cold, it spreads quickly amongst susceptible children, especially in school class rooms. The most common complication is broncho-pneumonia, which can be very dangerous to life in infants but is less common and much less dangerous in the more robust school-children. Convalescent serum is available at the County Laboratory and is particularly valuable for the prevention or attenuation of an attack in susceptible children who are in poor health or ill from some other cause.

11 cases of Whooping Cough were notified. This disease can also be very dangerous to life in infants, also owing to the complication broncho-pneumonia and at the least is most distressing to the child attacked. It was hoped that inoculation would prevent the disease, as in immunisation against Diphtheria, but the antigen (or inoculum) has to date been shown to be uncertain in its action. There are certain antigens for which successful claims are made. These are engaging the attention of the Medical Research Council and it is hoped that one certain in its effects will be found.

There were only 2 cases of Scarlet Fever. This disease is not so virulent as it was in the last century, and complete armament is available for successful treatment. The most common complication is Otitis Media (Middle Ear disease) and even mild infections can cause this complication which may lead to deafness or chronic intermittent discharge, easily 'lit up' by the common cold or other infection. For this reason, apart from the prevention of further cases, each patient should when possible be hospitalized.

There were no cases of Diphtheria which before preventive immunisation was a common, often fatal disease. It is essential, therefore, that the child population should be protected. If only one life is saved it is well worth while.

It is also very advisable that the child population should be vaccinated against Smallpox, outbreaks of which keep recurring throughout the country. Vaccination is the surest safeguard against its occurrence and propagation.

Vaccination and Immunisation can be done gratis by the family Practitioner or at the Child Welfare Clinic.

There were no cases of other serious infectious diseases which are endemic in this country as for example Typhoid and Paratyphoid Fever, Dysentery, Meningococcal Infection, or Acute Poliomyelitis.

Regarding Acute Poliomyelitis (Infantile Paralysis), no cases have occurred in Lydd for over five years. It is a disease however which can be brought into a district by healthy or convalescent carriers or by mild missed cases or through the medium of insect vectors or food or drink. The virus has been isolated from the human nose and throat and from the faeces and from sewage. The best safeguards are the practice of strict hygiene especially by those responsible for the production and sale of food and drink, proper sanitation and drainage, and adequate control over insects, such as flies and mosquitoes, and vermin such as rats and mice. The majority of cases occur during the Autumn months, but cases are now tending to increase during all the other months of the year, particularly in the Winter months during which few, if any, cases formerly occurred.

There were no cases of food poisoning, which indirectly is testimony to the supervision by the Sanitary Inspector over the production and sale of food and drink. As in Poliomyelitis, strict personal hygiene by food handlers, and of premises and equipment and utensils is constantly necessary.

In conclusion, I should like to thank you for your interest and co-operation in the work of this Department and my Officers for their efficient and loyal service.

I am, Yours obediently,

J. MARSHALL.

SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE DISTRICT FOR 1 9 4 9

Area: 11,932 acres.

Registrar-General's Estimate of:-

The Resident Population (Civilian)	2,403.
Total	2,902.

Number of inhabited houses according to the Rate Books: 952.

Rateable Value: £16,153.

Sum represented by a Penny Rate: £61.

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SOCIAL CONDITIONS

Lydd is a very ancient and historical Borough, being mentioned in Saxon Charters from 740 onwards, which sets beyond doubt Lydd's existence some time before that date. Physically, it comprises 11,932 acres of flat country in the Denge and Walland Marshes. Whilst there is a large expanse of shingle and sandy beach, there are nevertheless considerable areas of extremely fertile soil. The area is predominantly agricultural, being chiefly concerned with arable farming and sheep and cattle raising.

There are extensive beach quarrying and crushing plants within the district, and a large Hatchery.

Of the Sub-Districts, Dungeness is devoted to the Fishing Industry, and Greatstone, where there is a large Holiday Camp, and Lydd-on-Sea, cater chiefly for the seaside holiday-makers. The growth of these latter two districts was proceeding rapidly before the 1939/45 War.

Lydd also contains a large permanent Military Camp with extensive Ranges, and a large number of civilians are employed there.

There is very little unemployment, and by and large social conditions are satisfactory.

EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>M.</u>	<u>F.</u>		<u>Lydd</u> <u>Borough</u>	<u>England</u> <u>& Wales</u>
1. Live Births	56	26	30	Birth Rate	23.30	16.7
(a) Legitimate	55	26	29	per 1,000		
(b) Illegitimate	1	-	1	estimated		
				resident		
				population.		
2. Stillbirths	2	-	2	Rate per	34.48	-
(a) Legitimate	2	-	2	1,000 total		
(b) Illegitimate	-	-	-	(live and		
				still)		
				births		
3. Deaths	32	16	16	Death rate	Crude	
				per 1,000	13.28	11.7
				resident	Adjusted	
				population	11.15	
4. Deaths from Puerperal Causes						
(a) Sepsis	-	-	-	Rate per	-	0.11
(b) Other Maternal	-	-	-	1,000 (live		
Causes				and still)	-	0.71
				Births.		
5. Deaths of Infants	1	-	1			
under One Year of						
Age						
(a) Legitimate	1	-	1			
(b) Illegitimate	-	-	-			
Infant mortality rate per 1,000 live births					17.86	32
Rate re legitimate infants					17.86	
Rate re Illegitimate infants					-	
6. Deaths from Cancer (all ages)	..	..	..	..	5	
Deaths from Measles (all ages)	..	..	..	..	-
Deaths from Whooping Cough (all ages)	-	
Deaths from Diarrhoea (under 2 years of age)	-	

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The following cases of Infectious Diseases were notified during the year 1949:

Scarlet Fever	..	..	..	..	2
Whooping Cough	..	..	..	..	11
Measles	..	..	..	..	70
Pneumonia	..	..	..	..	6

CAUSES OF DEATH IN LYDD BOROUGH DURING 1949

ALL CAUSES	Males 16	Females 16
1. Typhoid and Paratyphoid Fevers	-	-
2. Cerebro-spinal Fever	-	-
3. Scarlet Fever	-	-
4. Whooping Cough	-	-
5. Diphtheria	-	-
6. Tuberculosis of Respiratory System	-	-
7. Other forms of Tuberculosis	-	-
8. Syphilitic Diseases	-	-
9. Influenza	-	-
10. Measles	-	-
11. Acute Polio-myelitis and Polio-encephalitis	-	-
12. Acute Infective Encephalitis	-	-
13. Cancer of buccal cavity and oesophagus (M) and Uterus (F)	-	-
14. Cancer of Stomach and Duodenum	-	1
15. Cancer of Breast	-	1
16. Cancer of all other sites	2	1
17. Diabetes	-	-
18. Intra-cranial vascular lesions	1	1
19. Heart Diseases	7	6
20. Other diseases of the circulatory system	1	-
21. Bronchitis.. .. .	2	3
22. Pneumonia	-	1
23. Other respiratory diseases	1	-
24. Ulcer of Stomach or Duodenum	-	-
25. Diarrhoea under 2 years	-	-
26. Appendicitis	-	-
27. Other digestive diseases	-	-
28. Nephritis	-	-
29. Puerperal and post-abortion sepsis	-	-
30. Other Maternal causes	-	-
31. Premature Birth	-	1
32. Congenital Malformation. Birth Injuries. Infantile Diseases	-	-
33. Suicide	-	-
34. Road Traffic Accidents	-	-
35. Other violent causes	1	-
36. All other causes	1	1

APPENDIX

SECTION C. SANITARY CIRCUMSTANCES IN THE AREA

1. (i) Water Supply

Water is supplied by the Littlestone-on-Sea & District Water Company from wells situated on the Denge Marsh. The water is soft in character, and a plentiful supply is available to meet the needs of the resident population together with the large influx of visitors who come to stay during the Summer months. Routine chemical and bacteriological examinations showed the water is of a high degree of purity and suitable for the public supply.

(ii) Drainage and Sewerage

A scheme for the drainage of the Permanent Housing Estate, together with 30 Prefabricated Houses and a number of other properties in this area has been completed. Owing to the flatness of the land, it was necessary to provide two ejector stations, and final disposal is dealt with at the Sewage Works which comprises sedimentation tank, filter and lagoons. Owing to the difficulty of excavation works in the sub-soil which consists of shingle, the cost of providing sewers is high. It is hoped, however, that an early start will be made with the further sewerage of the Town.

2. Rivers and Streams

No action has been found necessary during the year in connection with the pollution of rivers and streams.

3. (i) Closet Accommodation

Practically the whole of the houses within the Borough are provided with water closets draining either to the public sewer or to cesspools.

(ii) Public Cleansing

A regular weekly collection is carried out by direct labour, the dual purpose vehicle of 6/7 cubic yards capacity is in use. Disposal is effected by controlled tipping.

(iii) Sanitary Inspection of Area

The regular inspection of the bakehouses, dairies, factories and workshops, etc. was carried out during the year and no adverse conditions were found. Owing to the difficulties relating to labour and materials in the building trade, it was not possible to carry out the more serious repairs to sub-standard houses.

SECTION D. Housing

A contract for the erection of a further 32 permanent houses is in hand. Most of the houses on the coastal area rendered derelict due to "PLUTO" operations have now been rehabilitated. There is a number of sub-standard dwelling houses in the Borough, but owing to the acute shortage of houses, no action was taken under the Housing Acts for their demolition.

SECTION E Inspection and Supervision of Food

(a) Milk Supply

No. of Milk Producers .. 3	No. of Retail Purveyors 3
No. of Retailers who are not Cowkeepers in the Borough 3	No. of Dealers' Licences in Pasteurised Milk 2
	No. of Dealers in Tuberculin Tested Milk 1

(b) Inspection of Meat and Other Foods

The Butchers' shops were regularly inspected during the year, and conditions were found to be satisfactory. No animals used for food are slaughtered in the Borough, and meat is brought in from Hythe under the scheme of the Ministry of Food.

(c & d) Adulteration, Chemical and Bacteriological Examination of Foods.

The Local Authority is not a Food & Drugs Authority under the Act, this work being carried out by the Kent County Council.

SECTION E Inspection and Supervision of Food (Continued)

(e) Nutrition

No special work in the dissemination of knowledge on this subject was considered necessary.

(f) Shell-fish (Molluscan)

There are no shell-fish gathered for sale in the Borough.

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